



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 8, 2025

Nichole VanNiman
Beacon Specialized Living Services, Inc.
Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

RE: License #: AS390406167
Beacon Home at Interlochen
8038 Interlochen St.
Kalamazoo, MI 49009

Dear Ms. VanNiman:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AS390406167

Licensee Name: Beacon Specialized Living Services, Inc.

Licensee Address: Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

Licensee Telephone #: (269) 427-8400

Licensee Designee: Nichole VanNiman, Designee

Administrator: Aubry Napier

Name of Facility: Beacon Home at Interlochen

Facility Address: 8038 Interlochen St.
Kalamazoo, MI 49009

Facility Telephone #: (269) 353-6941

Original Issuance Date: 06/21/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/19/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
Funds II form replaced with electronic form for track montly rent payments.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.629 Direct care staff; qualifications and training.

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

(a) Reporting requirements

(d) Personal care, supervision, and protection

FINDINGS: Employee David Wells does not have reporting requirements training and personal care, supervision, and protection training verification.

R 400.631 Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

FINDINGS: Employee David Wells does not have a written health statement signed by a physician to verify health status.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(a) Name, address, telephone number, and Social Security number.

FINDINGS: The department is unable to verify employee David Wells information.

R 400.701 Required personnel policies.

(1) A licensee shall have all the following written policies and procedures:

(a) Mandatory reporting.

(b) Resident care related prohibited practices.

(c) Confidentiality requirements in accordance with section 12(3) of the act, MCL 400.712.

(d) Training requirements, including understanding the act and these rules.

(e) Resident rights in accordance with R 400.681.

(f) The process for reviewing the licensing statute and administrative rules with adult foster care staff.

(2) Written policies and procedures must be given to staff and volunteers at the time of hire or appointment. A verification of receipt of the policies and procedures must be maintained in the individual's personnel record.

FINDINGS: The department is unable to verify personnel policies and receipt of personnel policies given to employees.

A corrective action plan was requested and approved on 12/02/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Ondrea Johnson
Licensing Consultant

12/08/2025
Date